

**FOR STATE
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PH-3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 4 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

16464

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

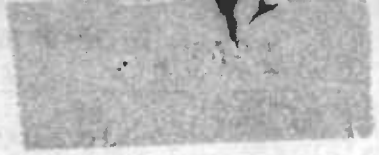
16478

1. DECEASED NAME (Type or Print) Johnnie Bratton			2a. DATE KNOWN OF DEATH Month 11 Day 17 Year 1968			2b. HOUR 6:30 P.M.				
3. SEX male	4. RACE Col.	5. DATE OF BIRTH 3/15/14	6. AGE (In years last birthday) 54 YRS.	IF UNDER 1 YEAR MONTHS 0 DAYS 0	IF UNDER 24 HRS HOURS 0 MIN. 0	2c. DATE PRONOUNCED DEAD Month 11 Day 17 Year 1968			2d. HOUR 6:30 P.M.	
7a. BIRTHPLACE (State or foreign country) North Carolina		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne's Md.				
10. CITY OR TOWN OF DEATH Chester			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Chester, Md.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Labeler		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.			13b. COUNTY Queen Anne's		13c. CITY OR TOWN Chester		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First unknown Middle unknown Last unknown			15. MOTHER'S MAIDEN NAME First unknown Middle unknown Last unknown			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)				16b. SOCIAL SECURITY NO. 220 09 1896
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)			16b. SOCIAL SECURITY NO. 220 09 1896			17. INFORMANT J. Walter Crouch, Chester, Md.				ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive injuries to head ; multiple fractures of legs DUE TO, OR AS A CONSEQUENCE OF hit by car Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) hit by car DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 8124										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. 5:55 P.M. 11 17 19 68		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Hit by a car as a pedestrian						
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) road		21f. LOCATION Street or R.F.D. No. r. Chester		City or Town Q.A.		County Md.	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE C.R. Layton			EXAMINER'S NAME (Type) C.R. Layton, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 11/20/68		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 11/21/68		23c. NAME OF CEMETERY OR CREMATORY Chester		23d. LOCATION (City or Town) (County) (State) Chester Q.A. Md.		23e. ADDRESS (Street, city, town, or county) Centerville, Md.	
24. FUNERAL DIRECTOR J.B. Dashiell Funeral Home			ADDRESS 426 Dover St. Easton, Md.			25a. RECEIVED BY REGISTRAR NOV 22 1968		25b. REGISTRAR'S SIGNATURE J. Walter Crouch		

1987

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535



DATE
TIME



ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 10/10/01 BY 60322 JAW/STW

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

Item 21 Film 407
12-16-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16479

16465

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) Gladys First Middle Last			2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month <input checked="" type="checkbox"/> Day <input type="checkbox"/> Year 11-26 1968			2b. HOUR 12 PM		
3. SEX FEMALE	4. RACE White	5. DATE OF BIRTH FEB. 22 1927	6. AGE (In years last birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>	IF UNDER 24 HRS. HOURS <input type="checkbox"/> MIN <input type="checkbox"/>	2c. DATE PRONOUNCED DEAD Month 11 Day 26 Year 1968		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNES Md.		
10. CITY OR TOWN OF DEATH CENTREVILLE			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) WATER STREET			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND			13b. COUNTY QUEEN ANNES			13c. CITY OR TOWN CENTREVILLE		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14. FATHER'S NAME William First Middle Last			15. MOTHER'S MAIDEN NAME Agnes First Middle Last PINDER			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)		
16b. SOCIAL SECURITY NO. 213-22-6100			17. INFORMANT MOTHER ADDRESS MRS. AGNES BREEN, CENTREVILLE, MD					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Over dose of Doridin + Thorazine DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 8549 (b) Marked Mental Aberration DUE TO, OR AS A CONSEQUENCE OF (c) years								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8740								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year Unk. P.M. Nov. 26 1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2, Item 18.) Overdose of sleeping pills Self administered			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home		21f. LOCATION Street or R.F.D. No. Centreville		City or Town Q.A.		State Md.
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C. R. Layton			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED Nov 27 1968		
EXAMINER'S NAME (Type) C. R. Layton MD			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			ADDRESS (Street, city, town, or county) Centreville Md		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 28, 1968		23c. NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery		23d. LOCATION (City or Town) Sudlersville		(County) Q.A. (State) Md.
24. FUNERAL DIRECTOR James H. Burton - Burton Bros - Centreville, Md				25a. REC'D BY REGISTRAR DEC 2 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		

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REPORT OF THE STATE HEALTH DEPT.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MEDICAL CERTIFICATION

1. DECEASED-NAME (Type or print)										First		Middle		Last		2a. DATE OF DEATH				2b. HOUR	
JAMES														FERRICK, JR		November 28 1968				10 ³⁰ P.M.	
3. SEX			4. RACE			5. DATE OF BIRTH				6. AGE (In years lost birthday)				IF UNDER 1 YEAR		IF UNDER 24 HRS.					
Male			White			May 19, 1884				84 YRS.				MONTHS DAYS		HOURS MIN.					
7a. BIRTHPLACE (State or foreign country)				7b. CITIZEN OF WHAT COUNTRY?				8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH				Md.					
Maryland				U.S.A.								Queen Anne's									
10. CITY OR TOWN OF DEATH				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY									
Centreville				Centreville Heights				RETIRED FARMER				FARMING									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				13b. COUNTY				13c. CITY OR TOWN				13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER							
Maryland				Queen Anne's				Centreville				YES		Centreville Heights							
14. FATHER'S NAME				15. MOTHER'S MAIDEN NAME																	
James				FERRICK				FRANCES				WALKER									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) (If yes give war or dates of service)				16b. SOCIAL SECURITY NO.				17. INFORMANT				Address									
No				215-38-0714				Daughter				Mrs. George Oldham, Centreville, Md.									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																					
PART 1. DEATH WAS CAUSED BY:																					
IMMEDIATE CAUSE (a) Pneumonia																					
4129 DUE TO, OR AS A CONSEQUENCE OF																					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Atherosclerotic Ht. Disease																					
DUE TO, OR AS A CONSEQUENCE OF (c)																					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																					
4200																					
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)				21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)													
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State													
22a. I certify that (I) (this hospital) attended the deceased from July 1, 1960, to Nov 28, 1968, that (I) (we) last saw the deceased alive on Nov 26, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																					
22b. SIGNATURE J.R. Smith Jr																					
DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22c. DATE SIGNED 11/29/68																					
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr																					
22e. ADDRESS Centreville Maryland 21617																					
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City or Town) (County) (State)									
Burial				Nov 30, 1968				Chesterfield Cemetery				Centreville, Q.A.Co. Md.									
24. FUNERAL DIRECTOR				ADDRESS				25a. REC'D BY REGISTRAR				25b. REGISTRAR'S SIGNATURE									
James H. Baiter Jr - Baiter Bros. - Centreville, Md.								DEC 2 1968				Charles Judge									

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16481

16467

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) Robert Louis Ezekiel Hunter			2a. DATE OF DEATH Month November Day 8 Year 1968			2b. HOUR 1:00 A.M.	
3. SEX Male		4. RACE White		5. DATE OF BIRTH March 28, 1905		6. AGE (In years last birthday) 63 YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNES Md.	
10. CITY OR TOWN OF DEATH Church Hill		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RURAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) ELECTRICIAN		12b. KIND OF BUSINESS OR INDUSTRY Ship- Building	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY QUEEN ANNES		13c. CITY OR TOWN Church Hill		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13e. STREET AND NUMBER		14. FATHER'S NAME First Middle Last William Franklin Hunter		15. MOTHER'S MAIDEN NAME First Middle Last Martha Covey			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 171-10-3059		17. INFORMANT Wife Mrs. Faith S. Hunter Address Church Hill, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 2381 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Right Frontal Lobe Tumor DUE TO, OR AS A CONSEQUENCE OF (c) gliomatous cyst metastases Frontal Lobe Tumor							6 weeks 1 year 6 mos.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 237X							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from July 2, 1967 , to 11-8 , 19 68 , that (I) (we) last saw the deceased alive on Nov 3 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE J R Smith Jr DEGREE ATTENDING <input checked="" type="checkbox"/> MED. <input type="checkbox"/> STAFF <input type="checkbox"/> PHYS. DIRECTOR PHYS.				22c. DATE SIGNED 11/9/68			
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr				22e. ADDRESS Centreville, Md			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 11, 1968		23c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery		23d. LOCATION (City or Town) (County) (State) Centreville, Q.A. Co. Md.	
24. FUNERAL DIRECTOR James H. Baiton		24b. ADDRESS J. Baiton, Box, Centreville, Md.		25a. REC'D BY REGISTRAR NOV 12 1968		25b. REGISTRAR'S SIGNATURE Charles Judge	

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NOV 12 1961